

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010183

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAR 6 1963

| | | | | |
|---------------------|---|--|--|--|
| VS 300 Rev. 4/59 | DATE AMENDED | 1. PLACE OF DEATH a. COUNTY Worth | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth | |
| 1 1130 | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City | Length of stay in 1b 3 yrs | c. CITY OR TOWN Grant City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2 1130 | | c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fletcher Nursing Home | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Grant City Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3 2 | | 3. NAME OF DECEASED (Type or print) First Middle Last SENECA THEODORE VANAUSDALE | | 4. DATE OF DEATH Month Day Year 2 7 63 |
| 4 0 | | 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |
| 5 3 | | 8. DATE OF BIRTH 2/11/88 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months Days Hours Min. |
| 6 0 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired | 10b. KIND OF BUSINESS OR INDUSTRY Own account | 11. BIRTHPLACE (City and state or country) Skidmore, Mo. |
| 7 0 | 12. CITIZEN OF WHAT COUNTRY USA | 13a. FATHER'S NAME Joseph T. VanAusdall | | |
| 8 2 | 13b. MOTHER'S MAIDEN NAME Louisa Williamson | 14. NAME OF HUSBAND OR WIFE none | | |
| 9 94500 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. [REDACTED] | 17. INFORMANT Address Mrs. Dale Constant, Sheridan, Mo. | |
| 10 | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEBILITY AND INANITION | | | INTERVAL BETWEEN ONSET AND DEATH 1 YEAR |
| 11 | Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ANOXIA | | | 6 DAYS |
| 12 86-2 | DUE TO (c) ARTERIOSCLEROSIS | | | YEARS |
| 13 0 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| | 21. I attended the deceased from JAN 1941 to 2/7/63 and last saw him alive on 2-6-63 Death occurred at 11:15 A. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| | 22a. SIGNATURE [Signature] (Degree or title) | 22b. ADDRESS Grant City, Missouri | 22c. DATE SIGNED 2-10-63 (State) | |
| | 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Feb. 9, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Ohio | 23d. LOCATION (City, town, or county) Burlington Jct., Mo. |
| | 24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. | 25. DATE RECD. BY LOCAL REG. Feb. 28-1963 | 26. REGISTRAR'S SIGNATURE [Signature] | |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. D. Merrick

Licensed Embalmer No. 5788

P. O. Address Maryville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.